2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P06000139022 1. Entity Name BAYMEADOWS LODGING, INC.								03-27-2008 9	90036 ()39 ***158	3.75
Principal Place of Business 1375 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250				Mailing Address 1375 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address c/o David							
Suite, Apt. #, etc.				Suite, Apt. #, etc 1416 Kings	G.	01312008	Chg-P	CR2E	034 (12/06)		
City & State			City & State Orange Park, FL			4. FEI Numb 20-595			——	plied For t Applicable	
Zip	Country S. Name and Address of Current		Zip 32073	US Cou	•		e of Status Desired	X	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name Jayesh Jayesh								d Address of New R	egisterea	Agent	
8705 PERIMETER PARK BOULEVARD SUITE 8						Street Addres	ss (P.O. Box Numb South Thi	per is Not Acceptable)		
JACKSON	VILLE, FL	-32216		_							
Cil							onville B	each	FI	0220	
	bove named entity submits this state from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept oligations of registered agent.										
SIGNATURE	jayesn	Parag	eg:stered agen	and title if applicable	(NOTE Register	red Agent signature requ	uired when reinstating)	3/1	DATE		
		FEE IS \$1: 8 Fee will I			Campaign Finand Contribution	,	\$5.00 May Be Added to Fees				
10.	T-2	OFFI	CERS AND	DIRECTORS	11	-	ADDITIONS	L /CHANGES TO OFFI	CERS AN	D DIRECTORS	S IN 11
TITLE NAME	PD Delete					LE ME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		JTH THIRD S NVILLE BEAC		250		REET ADDRESS Y-ST-ZIP					
MILE	VPD Delete					LE				☐ Change	Addition
NAME STREET ADDRESS	PATEL, ASHISH 1375 SOUTH THIRD STREET					me Reel address					
CITY-ST-7IP	JACKSONVILLE BEACH, FL 32250					Y-ST-ZIP				[] (hanna	- Addition
TITLE MAME	☐ Delete					LE ME				☐ Change	Addition)
STREET ADDRESS CITY+ST+ZIP						REET ADDRESS Y-ST-ZIP					
THUE				☐ Dele		•				☐ Change	☐ Addition
NAME STREET ADDRESS					NA STI	me Reet address					
CITY-S1-ZIP						Y-ST-ZIP					
TITLE NAME				☐ Dele		L.C. ME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS Y-ST-ZIP					
TITLE				☐ Dele						☐ Change	Addition
NAME STREET ADDRESS					1	ME REF1 ADDRESS					
CITY-ST-ZIP					cit	TY-ST-ZIP					
12. I hereby certify that the information supplied with this (fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true find accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an addless with fill other like empowered.											
SIGNAT	URE: _		_\V\								